



PEEHIP

Quarterly



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PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN

March 2007

Funding PEEHIP Retiree Health Care Benefits

The PEEHIP Board of Control met on January 11, 2007, and unanimously endorsed two bills to create and protect an irrevocable trust for the purpose of holding, investing, and distributing assets to be used for retiree health care benefits. These bills will either be proposed to the State Legislature during a special session if one is called or the 2007 Regular Session, which begins on March 6, 2007. The goals of the legislation are to provide greater security for retired state and education employees, assure the ability of the state to pay for these future costs, and avoid potential increased interest costs that would be incurred by the state if its debt rating were lowered.

Due to the requirements established by the Governmental Accounting Standards Board, PEEHIP is required to report health care liability the same as pensions and recognize the cost over an employee's active years of service. These two bills will go a long way in satisfying this requirement as well as protect the state's bond rating.

The first bill would empower the PEEHIP Board to create its own irrevocable trust with the members of the PEEHIP Board as trustees of the trust. Money included in the trust can only be spent on retiree health care benefits, not spent by the State Legislature or the Governor. The sources of funding may come from any of these sources: appropriations by the Legislature; employee or retiree contributions; investment income; proceeds from gifts, grants or contributions; transfers from PEEHIP surplus funds; or all other sources permitted by law. The trustees would be permitted to invest in the same investments permitted by the RSA.

The second bill would propose a constitutional amendment to the Constitution of Alabama of 1901. This bill would ensure that the monies would be spent on retiree health care benefits and not for any other purpose. This bill would have to be approved by the Legislature and a majority of state voters to become law.

Currently, PEEHIP has approximately \$200 million in reserves, which could be invested in this trust. Neither bill would impose extra contributions on employees or retirees nor increase state appropriations. The State Legislature could pass laws to make that necessary in the future. The Alabama Educational Association, Governor Bob Riley and the RSA support these two bills.

The RSA will keep its members updated on the progress of these two bills. You may also track the status of these bills on our Web site at www.rsa.state.al.us.

Routine Colonoscopy approved by the PEEHIP Board of Control

On December 12, 2006, the PEEHIP Board of Control approved coverage for members and covered dependents age 50 and over to have a routine colonoscopy once every 10 years to screen and detect colorectal cancer.

What is colorectal cancer?

Cancer is an abnormal and uncontrolled growth of cells in the body. "Colorectal" refers to the colon and rectum, which

together make up the large intestine. Colorectal cancer can originate anywhere in the large intestines. The majority of colorectal cancers develop first as polyps, abnormal growths inside the colon or rectum that may become cancerous.

What is screening?

Screening is when a test is used to look for a disease before there are any symptoms. Cancer screening tests are effective when they can detect diseases early and lead to

more effective treatment or when they can detect disease before it has become cancer and prevent the development of cancer.

What causes colorectal cancer?

The exact cause of most colorectal cancers is not yet known, however research has established that approximately 75% of colorectal cancers occur in people with no known risk factors. Risk factors that may

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increase a person's risk of developing colorectal cancer include:

- ◆ a personal or family history of colorectal polyps or colorectal cancer, or
- ◆ inflammatory bowel disease (Ulcerative colitis or Crohn's disease), or
- ◆ genetic syndromes such as familial adenomatous polyposis (FAP) or
- ◆ hereditary nonpolyposis colon cancer (HNPCC). (Just 5% of colorectal cancers are linked to these genetic syndromes.)

How does colorectal cancer affect the U.S. population?

Colorectal cancer is the 2nd leading cancer killer in the United States. In 2004, the American Cancer Society estimates that 146,940 people in the U.S. will be diagnosed with colorectal cancer and 56,730 people will die of the disease.

Who is at risk to develop colorectal cancer?

Colorectal cancer occurs in men and women of all racial and ethnic groups. Approximately 75% of colorectal cancers occur in people with no known risk factors. Here are other important facts about who is at risk for developing colorectal cancer.

- ◆ Most colorectal cancers - more than 90% - are diagnosed in people aged 50 years or older. The risk for developing colorectal cancer increases with age.
- ◆ A family history of colorectal cancer or colorectal polyps increases a person's risk of developing colorectal cancer.

Certain diseases of the intestines, including inflammatory bowel disease (Ulcerative colitis or Crohn's disease), can increase the risk for colorectal cancer.

Is there anything I can do to reduce my risk for colorectal cancer?

There is strong scientific evidence that having regular screening tests for colorectal cancer beginning at age 50 reduces deaths from colorectal cancer. Screening tests can find precancerous polyps (abnormal growths) in the colon and rectum, and polyps can be removed before they turn into cancer. In this way, colorectal cancer is prevented.

Studies have also shown that increased physical activity and maintaining a healthy weight can decrease the risk for colorectal cancer. Evidence is less clear about other ways to prevent colorectal cancer. Research is underway to determine whether dietary changes may decrease the risk for colorectal cancer. Currently there is no consensus on the role of diet in preventing colorectal cancer; however, medical experts recommend a diet low in animal fats and high in vegetables, fruits, and whole grain products to reduce the risk of other chronic diseases, such as coronary artery disease and diabetes. It may also reduce the risk of colorectal cancer. In addition to studying dietary changes, researchers are examining the role of certain medications and supplements, including aspirin, calcium, vitamin D and selenium, in preventing colorectal cancer. **However, the most effective way to reduce your risk of colorectal cancer is by having colorectal cancer screening tests beginning at age 50.**

Who should be tested for colorectal cancer?

All men and women aged 50 years or older should be tested routinely for colorectal cancer. Others who are at increased risk should speak to their doctors about earlier or more frequent testing. Those at increased risk are people with:

- ◆ a family history of colorectal cancer or colorectal polyps
- ◆ certain diseases of the intestines, including inflammatory bowel disease (Ulcerative colitis or Crohn's disease)
- ◆ genetic syndromes such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC). (Just 5% of colorectal cancers are linked to these genetic syndromes.)

Why should I get screened?

Screening saves lives. Having regular screening tests beginning at age 50 could save your life. Colorectal cancers almost always develop from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find polyps, so they can be removed before they turn into cancer. Screening tests also can find colorectal cancer early, when treatment works best and the chance for a full recovery is very high.

What are the symptoms of colorectal cancer?

Colorectal cancer develops with few, if any, symptoms at first. However, if symptoms are present, they may include:

- ◆ blood in or on the stool
- ◆ a change in bowel habits
- ◆ stools that are narrower than usual
- ◆ general, unexplained stomach discomfort
- ◆ frequent gas, pains, or indigestion
- ◆ unexplained weight loss
- ◆ chronic fatigue

These symptoms can also be associated with other health conditions. If you have any of these symptoms, discuss them with your doctor. Only your doctor, through testing, can determine why you're having these symptoms.

What are the screening tests for colorectal cancer?

Several tests can be used to screen for colorectal cancer. These tests are used alone or in combination with each other.

- ◆ **Hemocult Stool Check** - This test is covered under PEEHIP once every calendar year for age 50 and over.
- ◆ **Flexible Sigmoidoscopy** - This test is recommended every 5 years. (If polyps are found, you will need a follow-up colonoscopy.) PEEHIP covers one Sigmoidoscopy every three calendar years for age 50 and over.
- ◆ **Colonoscopy** - This test is recommended every 10 years. (Colonoscopy is also used as a follow-up test if anything unusual is found during one of the other screening tests.) PEEHIP covers one routine Colonoscopy every ten years for age 50 and over.

Is colorectal cancer screening covered by insurance?

PEEHIP covers routine colonoscopy once every 10 years for age 50 and over, one Sigmoidoscopy every three calendar years for age 50 and over, and one hemocult stool check each calendar year for age 50 and over.

SOURCE: Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. www.cdc.gov/cancer/screenforlife/qanda.htm

PEEHIP Savings: Wal-Mart \$4 Generic Prescription Program

On October 19, 2006, Wal-Mart Stores, Inc., rolled out its \$4 generic prescription program in 12 additional states. With the announcement, the \$4 generic prescription program is now available in an additional 1,008 stores throughout Alabama, Georgia, Iowa, Kansas, Maryland, Michigan, Mississippi, Missouri, New Hampshire, Ohio, South Dakota and Virginia. Wal-Mart will continue to push for expansion to other states as quickly as possible.

The \$4 generics program includes 314 generic prescriptions available for up to a 30-day supply at commonly prescribed dosages. According to www.rxlist.com, the list also represents 14 of the top 20 prescribed medications in the United States. With 314 generic prescriptions, the list is made up of as many as 143 compounds in 24 therapeutic categories. Generic medicines generally cost between 30 to 60 percent less than equivalent brand name products and Wal-Mart estimates that its list of \$4 generic prescriptions represents more than 25 percent of prescriptions currently dispensed in its pharmacies nationwide.

The prescription medicines included in the program represent many of the most commonly prescribed generic medications in a wide range of therapeutic categories. Generics contain the same high quality active ingredients as their "brand-name" counterparts and are equally effective but cost significantly less.

Consumers interested in saving money on prescriptions through the program should ask their doctor if a generic is available for their prescription and is right for them. At this time, the \$4 prescriptions are not available by mail order, but are available on-line or by telephone for refills only for in-person pickup.

For further information on the program including store locations, customers can call 800-WAL-MART, go to www.walmart.com, or visit their Wal-Mart, Neighborhood Market or Sam's Club in the 27 participating states to discuss the program with their pharmacist or pick up a brochure explaining program details.

Important Information on Routine Vaccinations and Procedures

The FDA has recently announced the licensing of some new routine vaccinations, and the American Cancer Society has recently recommended coverage for some routine procedures. The PEEHIP Board has made the following decisions on these new routine vaccinations and procedures.

Rotavirus Vaccine for Children - The Rotavirus is a virus that causes severe diarrhea, often accompanied by vomiting, fever, and dehydration, mostly in babies and young children. **Effective October 1, 2006**, the PEEHIP Board **approved** the Rotavirus vaccination for children ages 6-32 weeks of age. The vaccination is given in three doses. The recommended dosage is given at 2, 4 and 6 months of age. The vaccine is endorsed by the CDC and the American Board of Pediatrics.

Hepatitis A vaccine - Hepatitis A is a serious liver disease caused by the Hepatitis A virus. **Effective October 1, 2006**, the PEEHIP Board **approved** the Hepatitis A vaccination for children between the ages of 12-24 months and for adults at high risk (direct contact, chronic liver disease, IV drug users, immunosuppressed patients or AIDS patients). The vaccination is given in two doses. The first dose is given between the ages of 12-24 months and then a booster is given at 6-18 months after the first dose. The Hepatitis A vaccine is recommended by the CDC and the American Board of Pediatrics.

Routine Colonoscopy - According to the American Cancer Society, up to 90% of colorectal cancer cases are thought to be preventable through early detection. The PEEHIP Board approved coverage for members age 50 and over to have a routine colonoscopy once every 10 years to screen and detect colorectal cancer. **Effective December 12, 2006**, the routine colonoscopy **is included** in the standard PEEHIP preventive benefits for colorectal cancer screening when an in-network provider is used.

The Shingles Vaccination - A new vaccine called Zostavax is now available to reduce the risk of shingles in people ages 60 or older. The shingles vaccination **has not** been approved by the PEEHIP Board of Control. This vaccination will continue to be monitored by the PEEHIP staff and Board and will be discussed again at a later PEEHIP Board meeting.

HPV Vaccination - A new vaccine called Gardasil is now available that protects against four HPV types, which can cause 70% of cervical cancers and 90% of genital warts. The HPV vaccination is recommended for girls/women ages 9-26 and is given through a series of three shots over a six-month period. The HPV vaccination **has not** been approved by the PEEHIP Board of Control. This vaccination will continue to be monitored by the PEEHIP staff and Board and will be discussed again at a later PEEHIP Board meeting.

FluMist - The FluMist is an alternative to the flu vaccination and is the first nasally-administered flu vaccine that has been approved by the FDA. However, the Flu Mist is a live virus and can only be administered to certain age groups. The Flu Mist **has not** been approved by the PEEHIP Board of Control primarily because there is not a shortage of the flu vaccination.

Diagnostic Imaging Precertification Helps Limit Radiation Exposure

In an effort to impact the quality and safety of imaging services in Alabama, the Preferred Radiology Provider (PRP) program has been expanded to include precertification for outpatient diagnostic services.

The following diagnostic procedures performed in freestanding diagnostic facilities, hospital outpatient facilities and physician offices must be precertified:

- ♦ Positron Emission Tomography (PET)
- ♦ Computerized Axial Tomography (CT)
- ♦ Computed Tomography Angiography (CTA)
- ♦ Magnetic Resonance Imaging (MRI)
- ♦ Magnetic Resonance Angiography (MRA)

Precertification applies to services referred by a Preferred Medical Doctor (PMD) for members residing in the state of Alabama or in bordering counties. Preferred physicians should handle all precertification requirements for you.

If an imaging service is performed without precertification, the member is held harmless if the preferred physician did not take the steps to have the service precertified. If precertification is not approved, the member may have the procedure but it will not be a covered benefit under the plan.



An Independent Licensee of the Blue Cross and Blue Shield Association.

PEEHIP Weight Watchers Program

Administered by the Alabama Department of Public Health

On October 1, 2006, the Public Education Employees' Health Insurance Plan (PEEHIP) added the Weight Watchers At-Work Program as part of the Wellness Program.

What is it? A 15-week weight management program offered at a PEEHIP work-site. It does not include the traditional (community) Weight Watchers program.

What does the At-Work Program include? Convenient weekly meetings; the new TURNAROUND Food Program, with two food plans; the FLEX PLAN and CORE PLAN; confidential weigh-in; and support from your co-workers and the Weight Watchers staff.

Who is eligible? All high-risk, active, retired and dependent members who are covered by PEEHIP (BC/BS Group 14,000, Viva Health Plan HMO and Southland optional plans) and also meet criteria set by Weight Watchers are eligible. High-risk is based on having a body mass index (BMI) of 30 or greater which puts you at an increased health risk. Funding from PEEHIP was approved for a total of 5,000 high-risk participants for this plan year.

How can I calculate my BMI? Several websites allow you to type in your height and weight and have your BMI calculated for you. The sites are www.caloriecontrol.org/bmi.html or www.consumer.gov/weightloss/bmi.html.

How much does it cost? The cost to the member is \$85.00, with PEEHIP paying the remaining \$85.00 if the member attends at least 12 of 15 classes. If a session has to be missed, you can attend another traditional meeting during the week that the At-Work was missed by bringing your Membership Book. Lifetime members **over** their Goal Weight must pay for the session. Lifetime members **at** their Goal Weight may attend free of charge.

How many Members are required to request a class? A minimum of 20 members are needed (we will work with you if you are close to that amount).

What if I am a retiree, a dependent or located at a site without a class after October, 2006? If you are willing to travel, Wellness program staff will attempt to put you into a PEEHIP At-Work Program located within your county.

If your school system would like to become a PEEHIP At-Work site, you can complete and mail in the Weight Watchers At-Work Site Form which can be found on the website www.adph.org/worksitewellness/siteform.pdf. If you would like to apply and participate with the Weight Watchers At-Work program, you can complete and mail in the application which can be found on the website www.adph.org/worksitewellness/wwindividualform.pdf.

For additional information about the program, please contact Ms. Cindy Dyer at 334-206-5613 or e-mail your questions to cynthiadyr@adph.state.al.us.

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN

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Public Education Employees' Health Insurance Plan